

Step 1 of 7

Promoting Healthy Outdoor Recreation
A Survey of Programs and Practices that Encourage Physical Activity

Welcome to the survey!

IMPORTANT INFORMATION (Please Read Before Beginning Survey):

1. This survey **REQUIRES** the Internet Explorer web browser.
2. You will need to finish your survey entries in one sitting that is no longer than 2 hours. A survey, once completed, cannot be edited, and you cannot save an incomplete survey to be finished later, so please plan ahead. You may enter up to three (3) programs in your survey .
3. This survey application will time-out after 120 minutes of inactivity and your data will be lost (you will have to start again), so please try to complete it, once started.
4. You can use your browser's "Back" button to review previous answers you've entered; if you then wish to make changes on a previous screen, you **MUST** click the "Proceed" button again to save those edits before going on.
5. Therefore to plan ahead, we strongly recommend that you **[CLICK HERE FIRST](#)** to view the full survey in advance. This will help you plan and assemble any needed information **BEFORE** proceeding with the on-line survey.

This survey is collecting information on programs and practices in use throughout the United States that encourages healthy, physically active outdoor recreation in parks so that other park and recreation professionals can be inspired to replicate and build upon these successes.

The information provided is not meant to be exhaustive in every detail. Contact information for the submitting organization is provided for each project entry, and submitters should look forward to receiving inquiries and requests for more complete advice and details for project entries that motivate users to consider replication elsewhere.

If you have more than one Best Practice program to report on, the last question in the survey will allow you to repeat the process for up to three (3) programs. This survey should only be filled out by national, state, or local park agency employees. Each park or office should designate only one person to respond to the surveys. We will develop separate websites that can be accessed by you and by the public. You will be asked for contact information at the end of the survey.

Finally, **THANK YOU** for investing your time and effort – together, we are building a powerful tool for promoting healthy outdoor recreation.

1. What is your Agency Affiliation?

select park name or program:

enter park name or program: state location
(e.g. Green Hill State Park)

enter agency/local government name: state location
(e.g., Springfield Parks & Rec. Department)

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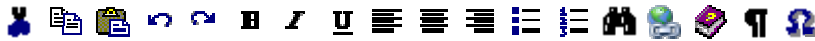
Green Hill State Park

2. Program Name:

3. Program Location: *(enter 9-digit Zip code)*

4. Description of Program: *(250 words maximum)* Please include a general overview of the program, including the reason(s) behind its creation and the intended benefits.

Feel free to copy and paste from a Word document using this toolbar.



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5. Frequency: *(Please select the statement that best describes the frequency of participation.)*

- ☐ Individual participants attend a one-time event
- ☐ A regular group of participants take part in multiple sessions
- ☐ There is no regular meeting time and participants take part at their leisure

6. Duration: *(Approximately how much time is provided for physical activity during each session or day the program is offered?)*

- ☐ Shorter than 30 minutes
- ☐ 31-60 minutes
- ☐ Longer than 60 minutes

7. Average Intensity of the Activity: (click the [?] button for definitions)

- ☐ Low-Intensity [?](#)
- ☐ Moderate-Intensity [?](#)
- ☐ High-Intensity [?](#)

8. Targeted participants

a. Populations targeted: (Choose all that apply.)

- ☐ Individuals
- ☐ Families
- ☐ School groups
- ☐ Other organized groups (please list)
- ☐ Persons with disabilities
- ☐ Other (please describe)

b. Ages Targeted: (Choose all that apply.)

- ☐ Under 5 ☐ Ages 5 - 8 ☐ Ages 9 - 12 ☐ Teens, 13 - 19
- ☐ Young Adults, 20 - 29 ☐ Adults, 30 - 65 ☐ Seniors, 65+

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9. *What types of Recreational Activity are included in the program?* (Check all that apply)

- ☐ Backpacking
- ☐ Bicycling (mountain bike, road riding)
- ☐ Birdwatching
- ☐ Boating
- ☐ Camping
- ☐ Court Sport (Basketball, tennis, volleyball, etc)
- ☐ Dance/Aerobics/Yoga
- ☐ Environmental Education
- ☐ Fishing
- ☐ Fitness Courses (outdoors)
- ☐ Foot race (5k, 10k, etc)
- ☐ Field sport (football/soccer/baseball etc)
- ☐ Gardening
- ☐ Geocaching
- ☐ Golf
- ☐ Hiking
- ☐ Ice Hockey/Ice Skating
- ☐ In-line skating
- ☐ Kite Flying
- ☐ Martial Arts
- ☐ Motorized off-highway vehicle use
- ☐ Mountaineering
- ☐ Orienteering
- ☐ Rafting
- ☐ Ropes Course
- ☐ Jogging/Running
- ☐ Photography (outdoors)
- ☐ Rock climbing, Mountaineering, Rapelling

- ☐ Skiing, snowshoeing, snow-boarding, other snow sports
- ☐ Surfing
- ☐ Swimming
- ☐ Track and Field
- ☐ Walking
- ☐ Wildlife Viewing
- ☐ Other:

10. Promotion:

a. How do you promote this program? (Check all that apply)

- ☐ Printed materials
- ☐ Website
- ☐ Email
- ☐ Press coverage and advertisements
- ☐ Online social networking
- ☐ School-based communications
- ☐ Other:

b. Are promotional resource materials and/or a tool kit available online?

- ☐ Yes *If yes, please provide website address (url):*
- ☐ No

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11. Fees: Is there a fee for participants?

☐

Yes *If yes, please state the fee per person: \$*

☐

No

12. Assistance: What type of outside assistance have you received *(Choose all that apply)*

☐

In-kind services

☐

Cash contributions

☐

Marketing

☐

Programming

☐

Education/outreach

☐

Materials/equipment

☐

Volunteers

☐

Technical expertise

☐

Other - Describe:

☐

The program did not receive any outside assistance

13. Partnerships: What types of partners do you work with to carry out the program? *(Choose all that apply)*

☐

Health organization and/or agency

☐

Other governmental agencies

☐

Businesses/retailers

☐

Nonprofit organizations

☐

Faith-based organizations

☐

Schools

14. Evaluation:

a. *Have you developed tangible ways to measure the success and/or impact of your program?*

☐

Yes

☐

No

b. *If yes, are the measurements (Choose all that apply)*

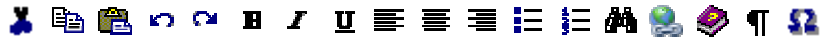
☐

Quantitative (based on numerical data and statistics)

- ☐ Qualitative (based on opinions, focus groups etc)
- ☐ Both

c. *If your program has been evaluated, please summarize the findings (100 words or less)*

Feel free to copy and paste from a Word document using this toolbar.



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15. **Additional Information:** Please provide any additional information that would be helpful to others wishing to replicate your success. *(250 words or less)*

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You're almost done entering your information for the My Second Program for Oregon program. Select one of the following options:



If this is the only/last program you are telling us about, select this option and click 'Proceed' below.



If you have another program to describe, select this option and click 'Proceed' below to save this program and begin entering your next program.

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Lastly, please provide information to help others contact you for additional information about your program(s).

Your contact information also will allow us to include your program(s) for future survey analysis.

First Name: Last Name: Title:

Phone: *ex: (222)555-1111* Email Address: